| SI. No. | Zone | Target & Achievements Last 3 Years | | | | | |
|---|---|---|---|---|---|---|---|
| | | 2004 | | 2005-06 | | 2006-07 | |
| | | Targe | Performance | Target | Performance | Target | Performance |
| 1. | Central | 02 | 00 | 06 | 06 | 00 | 00 |
| 2. | Eastern | 11 | 11 | 00 | 11 | 00 | 01 |
| 3. | Northern | 10 | 10 | 62 | 43 | 80 | 24 |
| 4. | Northeastern | 10 | 24 | 20 | 21 | 40 | 28 |
| ' 5. | North East Frontier | 10 | 06 | 13 | 14 | 01 | 08 |
| 6. | Southern | 05 | 05 | 50 | 51 | 60 | 49 |
| 7. | South Central | 15 | 15 | 33 | 37 | 27 | 12 |
| 8. | South Eastern | 10 | 04 | 12 | 02 | 03 | 03 |
| 9. | Western | 10 | 04 | 35 | 26 | 53 | 29 |
| 10. | East Central | 35 | 21 | 20 | 10 | 10 | 05 |
| 11. | East Coast | 20 | 20 | 20 | 22 | 26 | 14 |
| 12. | North Central | 30 | 24 | 20 | 02 | 15 | 09 |
| 13. | Northwestern | 15 | 18 | 30 | 05 | 25 | 21 |
| 14. | South East Central | 15 | 13 | 15 | 19 | 03 | 12 |
| 15. | Southwestern | 10 | 12 | 25 | 22 | 21 | 17 |
| 16. | West Central | 03 | 03 | 04 | 00 | 05 | 04 |
| TOTAL: | | 211 | 190 | 365 | 291 | 369 | 236 |

(d) and (e) The following are the main reasons for under performance:

(1) These works are of small magnitude and are at scattered locations. Response of the contractual agencies is poor and execution of works takes time, resulting in slow progress.

(2) Delay in recruitment of Gatemen due to various court cases and verifications by Police.

The following steps have been taken to augment the manning process:

(i) The Zonal Railways have been directed to expedite creation posts and selection of Gatemen.

(ii) Zonal Railways have been stressed upon to deal with legal court cases/matters on priority.

(f) The expenditure incurred on manning of unmanned level crossings meeting the Railway's criteria of manning is borne by Railway itself and the State Governments are not asked to contribute the expenses.'

**GDP spending on health**

*228. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Common Minimum Programme had suggested raising public

spending on health to at least 2.3 per cent of GDP and what was actually spent, during the last three years;

(b) the percentage share of GDP utilized for public health by neighbouring/advanced countries;

(c) the private and Government spending on health care in the last three years;

(d) whether the provision of various health services by Government could be considered to be adequate; and

(e) when compared on various health parameters, where India stands, *vis-a-vis* neighbouring/advanced countries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (e) Under the National Common Minimum Programme (NCMP) of the Government, health care is one of the seven thrust areas. The NCMP mandates that public spending will be raised to at least 2-3% of GDP over the next five years with focus on primary health care. Public spending on health as % of GDP has been 0.85 in 2004-05,0.94 in 2005-06. Private spending as % of total health expenditure according to latest data available (World Health Statistics 2006 & 2007) has been 76.3% in 2002, 75.2% in 2003 and 82.7% in 2004.

Public spending on Health as percentage of GDP and basic health parameters in respect of select neighbouring/advanced countries are given in the tables below:—

*Public spending on Health as percentage of Gross Domestic Product (GDP)*

| Country | Total Expenditure on Health as % of GDP | | | Government Health Expenditure as % of GDP | | |
|---|---|---|---|---|---|---|
| | 2002 | 2003 | 2004 | 2002 | 2003 | 2004 |
| India | 4.9 | 4.8 | 5.0 | 1.16 | 1.19 | 0.87 |
| Pakistan | 2.6 | 2.4 | 2.2 | 0.90 | 0.66 | 0.43 |
| Bangladesh | 3.3 | 3.4 | 3.1 | 0.98 | 1.06 | 0.87 |
| Sri Lanka | 3.6 | 3.5 | 4.3 | 1.62 | 1.58 | 1.96 |
| China | 5.5 | 5.6 | 4.7 | 1.97 | 2.03 | 1.79 |
| Nepal | 5.6 | 5.3 | 5.6 | 1.80 | 1.47. | 1.47 |
| Bhutan | 3.6 | 3.1 | 4.6 | 3.07 | 2.59 | 2.95 |
| Philippines | 3.0 | 3.2 | 3.4 | 1.20 | 1.40 | 1.35 |
| USA | 14.7 | 15.2 | 15.4 | 6.59 | 6.78 | 6.88 |
| UK | 7.7 | 8.0 | 8.1 | 6.42 | 6.86 | 6.99 |
| Canada | 9.6 | 9.9 | 9.8 | 6.69 | 6.92 | 6.84 |

Source: World Health Statistics, 2006 & 2007 (Government Expenditure as % of GDP derived from data contained in the Reports quoted)

Health Parameters

| Country | Life expectancy at Birth (Years) | | Under 5 Mortality Rate (per 1000 live births) | Infant Mortality Rate (per 1000 live birth's) | Maternal Mortality Rate (per 100000 live births) |
|---|---|---|---|---|---|
| | Male 2005 | Female 2005 | 2005 | 2005 | Female 2005 |
| India | 62 | 64 | 74 | 56 | 540 |
| Pakistan | 61 | 62 | 100 | 80 | 500 |
| Bangladesh | 62 | 63 | 73 | 54 | 380 |
| Sri Lanka | 68 | 75 | 14 | 12 | 92 |
| China | 71 | 74 | 27 | 23 | 56 |
| Nepal | 61 | 61 | 74 | 56 | 740 |
| Bhutan | 62 | 65 | 75 | 65 | 420 |
| Philippines | 64 | 71 | 33 | 25 | 200 |
| USA | 75 | 80 | 8 | 7 | 14 |
| UK | 77 | 81 | 6 | 5 | 11 |
| Canada | 78 | 83 | 6 | 5 | 5 |

Source: World Health statistics,2007

Though Health is a State subject, the special focus given to the Health Sector in the National Common Minimum Programme (NCMP), has formed the core of the programmes formulated under Health, Family Welfare and AYUSH. The National Rural Health Mission (NRHM) is the key plant for giving effect to the mandate of the NCMP. Focused strategy to arrest HIV/AIDS, other communicable diseases and life style related diseases is complementary to the strengthening of healthcare delivery system visualized under the Mission.

National Rural Health Mission (NRHM) was launched in April, 2005. The objective under the Mission is to provide health care facilities in the rural areas of the entire country with special focus in 18 States viz. 8 States with poor health indices (Bihar, Jharkhand, M.P., Chhattisgarh, U.P., Uttarakhand, Orissa and Rajasthan), 8 North Eastern States (Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura) and the hill States of Himachal Pradesh and Jammu & Kashmir.

Under the NRHM, a wide range of policy initiatives have been taken for improving health infrastructure and address the health care needs of the population to achieve better health indicators. The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health care services through creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine Deficiency, Filaria, Kala Azar, T.B., Leprosy and Integrated Disease

Surveillance. Further, it addresses the issue of health in the co ntext of sector-wide approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector Departments *i.e.* AYUSH, Women & Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development.

For correcting regional imbalance in the availability of affordable/reliable tertiary healthcare services and also to augment facilities for quality medical education in the country, the Government has launched the Pradhan Maritri Swasthya Suraksha Yojana (PMSSY). Under PMSSY, six new AIIMS like institutions are to be set up and 13 medical colleges upgraded all over the country.

Concerted efforts are also being made to arrest communicable diseases like HIV/AIDS and non-communicable diseases like cardiovascular diseases, diabetes, deafness, mental health etc. besides strengthening the existing national health programmes.

Community participation and Decentralized Planning together with flexible funding is facilitating States to look at ground reality and plan accordingly. Experience over the last two years shows that the NRHM is rapidly expanding in the country. Fresh initiatives being taken by the States as a part of this mission process will further strengthen the health delivery mechanism.

**Production of oilseeds**

†*229. SHRI LALIT KISHORE CHATURVEDI: Will the Minister of AGRICULTURE be pleased to state:

(a) the quantity of production of mustard seeds, soyabean, palm oil, sunflower, sesame seed and groundnut during the year 2006-07 in the country;

(b) the procurement of above agricultural products made by Government at the minimum support price;

(c) whether the same was sufficient for eatable and non-eatable requirements;

(d) if not, whether Government would revise the support price or make arrangement for more procurement from the next crop by giving bonus;

(e) whether per acre productivity of oilseeds in the country is very less in comparison to the other oilseeds producing countries; and

(f) if so, the efforts being made by Government in this regard?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) The production of mustard seeds, soyabean, sunflower, sesame seed and groundnut during the year 2006-07 in the country is shown below:

| Name of oilseeds | Production (in Million Tonnes) in the year 2006-07 |
|---|---|
| Mustard seeds | 7.10 |
| Soyabean | 8.86 |
| Sunflower | 1.18 |
| Sesame seed | 0.59 |
| Groundnut | 4.91 |

† Original notice of the question was received in Hindi.